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1987 ANNUAL REPORT

AMERICAN ASSOCIATION OF BLOOD BANKS

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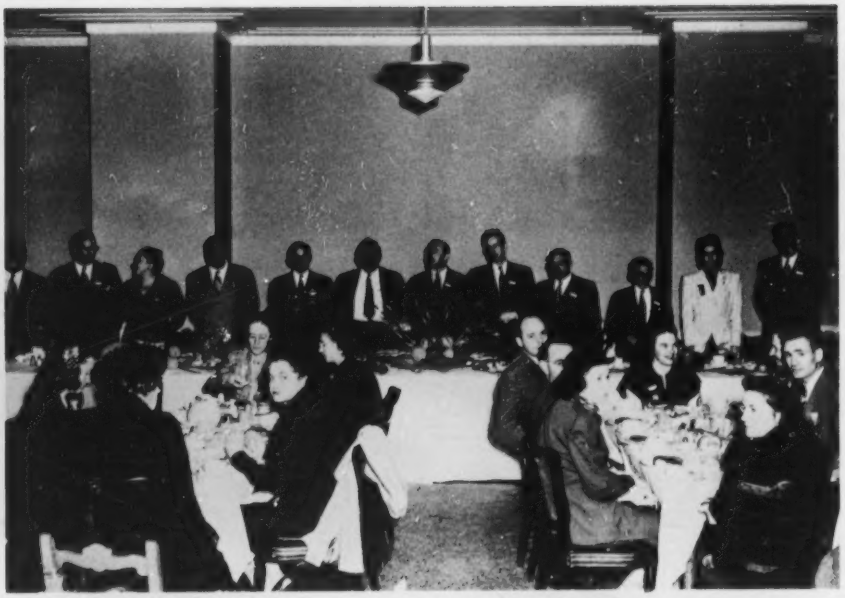
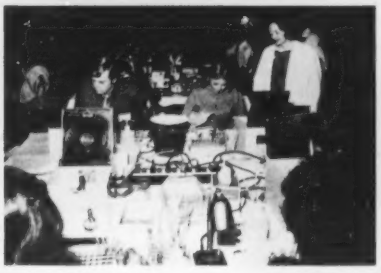
Then and Now . . .



The 1947 Meeting of the Blood Bank Institute in Dallas, Texas, gave birth to the AABB.



The 1987 AABB Annual Meeting attracted 7000 individuals to Orlando, Florida, for educational events, exhibits and social functions.

The AABB . . . Bringing Blood Bankers Together to Benefit Patients and Donors

An office worker donates on a mobile blood drive in Tampa in 1987. Photo courtesy of the Southwest Florida Blood Bank. Inset: A hospital staff member makes a blood donation in 1941 to the brand new Central Florida Blood Bank in Orlando. Photo Courtesy of the Central Florida Blood Bank.

President's Report

In introducing this Annual Report I would like to call attention to the mission of our Association. We do what we do for the benefit of the patients and blood donors we serve. Think about this mission as you ponder the decisions made by your Board of Directors and read the reports of committee activities. These are tough times for our service industry, and the clear focus of our purpose is necessary if we are not to be thought selfish and self-interested.

We are in the spotlight of public attention today more than ever before. This means we are at peril, but at the same time there are opportunities never before available. By focusing on our mission, by recognizing that there is no Association without patients and the blood donors who care about them, we can assure the future. We can become stronger, healthier, and more influential by marshaling and channeling our resources. We must become *the* source of accurate information that the general public, through those we serve, comes to know and trust. We must continue to establish and meet the highest standards of professional behavior, whether it be corporate, institutional or individual behavior. Now is not the time to accept second best, nor shrink from the hard questions and difficult decisions.

I believe we have grown and prospered by recognizing the strength that our diverse membership provides, by continuing to provide an educational forum that attracts ever greater national attention, by consciously attempting to improve our public relations skills, by hiring *and keeping* a paid staff of professionals who are integrated into the very fabric of the volunteer effort that is the foundation of our Association. We need not be afraid of the challenges tomorrow will bring.

It is necessary, however, to target our limited resources. Dues increases for institutional and individual membership have been modest, as have price increases for educational programs and publications. We need to keep costs as low as possible. This means tough choices at the highest level, an analysis of programs and activities that ensures they are appropriate for today; in simple terms, this means change.

It is never easy to watch established, comfortable "old ways" slip away, or be "legislated into the ash can," especially for those who were instrumental in creating those ways by their forceful leadership and initiative. But it is exactly this re-examination of where dues money is spent that must occur; there must be change if we are to continue to go from strength to strength, to fulfill our mission.

Surrogate testing, new retroviruses, money for data gathering and analysis, these are the immediate scientific challenges we face. How much testing? Will the public accept a certain minimum risk? Current panic answers these questions as "all that is possible" and "no." Can we influence these decisions? Only by ensuring that money is wisely spent to provide solid data and to publicize it. Let us trust that seeding our Foundation is an example of such a wise outlay. It certainly appears that this group is "off and running;" I look forward to even better things from it. I have committed personal funds to the Foundation, as have the members of the Board of Directors. I encourage you to do likewise.

Likewise, *Transfusion* is looking to novel means to air controversial issues, to attract important papers, to be the organ for rational change. I look forward to the fruits of the leadership already displayed by our new editor, Jeffrey McCullough, MD. In no manner do I slight past editors by these remarks. This is a new era, and Jeff is designing the necessary avenues of communication. Past editors would have done no less, and several of them are still much involved through the editorial board. Meeting challenges through appropriate responses is what makes good editors, and good professionals.

On the institutional front, cost containment and insurance remain major concerns. Hospital transfusion services are more concerned with the first, blood centers with the latter. I believe we can look for new measures to contain costs. It appears now that initial programs, such as DRGs, are not accomplishing their goals. When the screws are further tightened there will be more antagonistic activity within our heterogeneous membership. It will again be time to focus on our mission, to strive together to solve problems through new structures and innovative programs. Once again, it will not always be possible to preserve the "old ways." We serve patients and donors, not ourselves.

Frustration abounds on the insurance front. Although we are not the only professionals facing insurance problems, knowing this does make the burden easier to bear. Nor is it comforting to be told that serious injury (monetary injury, that is) must occur before we can look to legislative relief. It is a trying time. It is a time to come together. Many dedicated individuals have spent countless hours pursuing alternatives in this arena. Their efforts may come to nothing unless our Association moves as a single entity. If this is not the outcome then our mission suffers, because "taking care of number one" does not assure the best for those we seek to serve.

It has been an eventful year. Certainly, it has been an honor for me to serve as your President, and I thank you for that honor. The old Chinese wish for a friend's good life is: "May you live in interesting times." We do, my fellow Association members, and life these days is never dull. Let us continue with courage and wisdom: courage to alter the way we do business to assure the success of our mission, wisdom to make only the right changes. Our immediate goal should be to capture the public's trust as they come to grips with terrifying new disease possibilities. I'm certain we can do this, and I believe we have made the necessary beginnings.

With respect,

Edwin A. Steane, PhD
President, 1986-1987

Executive Director's Report

It is a pleasure to report that the Association prospered during 1987 through the splendid efforts of members and staff. Although AIDS dictated the agenda to a very large degree—a situation not unlike the last few years—in 1987 we no longer viewed AIDS and its related problems as unusual. Rather, we began to accept the fact that change has occurred in the blood services industry because of AIDS; change that is very likely permanent. Our activities thus reflect a clearer perception of what the future holds in store for us. We have become less reactive in our activities. Although our industry is changing rapidly—indeed the entire health care industry is experiencing great change—we have recognized a need to "get ahead of the curve" and thus control change.

This concept has greatly influenced Association programs and services. During periods of change, members of an industry or profession, in order to maintain viability, require information. They require opportunities for educational growth. They look to a national organization for help in disseminating information to the public and opinion makers that communicates the positive things that they have done. As you read this report, I believe that you will be impressed with the excellence of our new informational and educational efforts.

Of course, the AABB, in its fortieth year, can also look back on many years of successful programs such as Inspection and Accreditation, SBB Certification and Accreditation, the annual meeting, our many publications, standards setting—programs that make up the backbone of the AABB. These traditional programs continue to operate in accordance with the forty-year tradition of AABB excellence.

The Association is in a strong financial position. In 1987 we finished substantially ahead of budget, and were able to increase our reserves. Our long-range projections are favorable. We have been able, by increasing the sources of revenue beyond the traditional base provided by dues, publications and the annual meeting, to establish a very solid financial base. During 1987, we initiated efforts to find a permanent home for the National Office, thereby getting control over one of our major expense items for the forseeable future.

The AABB staff continues to develop as Association professionals. We recognize that the AABB is an organization by and for its members. Yet we enjoy an outstanding relationship with these members, working side by side with them to accomplish the Association's objectives. The energy and imagination of members, coupled with the many changes in our industry, create a very challenging situation for staff. We simply must keep up; we must be capable of matching the dedication and effort of our members! My belief is that we have done so. I am extremely proud of the AABB staff for the quality of their work, their dedication to duty, and their loyalty to the AABB and its mission. It was a pleasure to lead them during the historic year of 1987.

Gilbert M. Clark, JD
Executive Director

1987 AABB Activities

Professional/Technical Activities

Membership

The increase in individual AABB membership represents an increase in the interest of blood bank professionals in furthering their profession. In 1987, 250 individuals joined the Association, and increase of 3.4 percent over 1986. There are 7678 individual members, including 1980 physicians, 5532 non-physicians, 165 emeritus members and one honorary member.

International membership in the AABB increased more than 12 percent in 1987. The AABB now has members in 48 foreign countries.

Among instituions, 16 facilities joined and 19 transfusion services dropped membership, resulting in a net loss of three members. Six blood banks, eight associate institutional facilities and two international associate institutional facilities joined. AABB now has 2,344 institutional members.

Transfusion

It was a year of transition for AABB's professional journal, *Transfusion*, as Jeffrey McCullough, MD, was appointed editor-in-chief to succeed Thomas F. Zuck, MD, who completed his sixth and final volume as editor in 1987.

The number of manuscripts related to AIDS issues, some of them invited, increased during the year of volume 27. Thus, a medical area of enormous importance to blood banking is increasingly being discussed in the journal.

President Steane passes the gavel to incoming president Paul J. Schmidt, MD, at the Annual Banquet.

Election

At the 1987 Annual Business Meeting, Laurence A. Sherman, MD, was named president elect, to take the office of president in 1988. Paul J. Schmidt, MD took office as president. Edwin A. Steane, PhD, became immediate past president.

Elected to the executive committee were Toby L. Simon, MD, vice president, Donald Doddridge, treasurer, and Margaret Wallace, MHS, MT(ASCP)SBB, secretary.

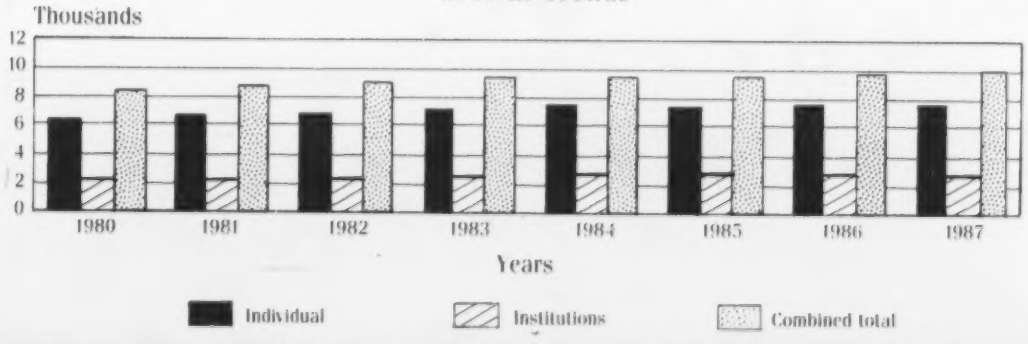
New members of the board elected at the meeting included Edward L. Snyder, MD, Northeast District; Charles H. Wallas, MD, Southeast District; Suzanne Butch, MT(ASCP)SBB, North Central District; E. Shannon Cooper, MD, South Central District; and Stephen Brown, MT(ASCP)SBB, Pacific District. Page Sanchez, MHS, MT(ASCP)SBB, was named board representative by the Administrative Section.

Not subject to election in 1987 were Alfred J. Grindon, MD, Scientific Section representative; Frances S. Chizeck, Northeast District; Gene Erickson, Southeast District; Louise J. Keating, MD, North Central District; Bobby A. Grigsby, CPA, South Central District; and Arthur Silvergleid, MD, Pacific District.

Changes in the wording of Bylaws and membership categories in the Bylaws were approved.

AABB Members 1980-1987

Growth Trends



President Steane presents the first Bernard Fantus medal to Patrick L. Mollison, MD during the Annual Banquet.

Awards

To celebrate the 50th anniversary of U.S. blood banking, AABB created a special award to honor the individual who had made significant lifetime contributions to blood banking. The award was named the Bernard Fantus medal, in honor of Bernard Fantus, MD, who founded the Cook County Hospital Blood Bank in Illinois in 1937. He invented methods for storing and transfusing blood that led to the establishment of blood banks around the world.

The first recipient of this special award was Prof. Patrick Mollison, MD, FRCP, FRCPath, FRS, who was honored for "his lifetime contributions to the science of blood banking and transfusion medicine including his research in red blood cell preservation, in blood group antibodies, and in hemolytic disease of the newborn, and for his influence on transfusion practices worldwide through his book, *Blood Transfusion in Clinical Medicine*." Mollison received the award from President Edwin Steane, PhD, and Mr. and Mrs. Maurice Fulton. Mrs. Fulton is the niece of Bernard Fantus.

E. Donnall Thomas, MD, a scientist reknowned for his contributions to bone marrow transplantation, was honored with the 1987 Karl Landsteiner Memorial Award. The John Elliott Memorial Award was presented to Emanuel Hackel, PhD, for his work in organizing scientific symposia, editing manuals and chairing committees for the AABB, as well as for the establishment of the Bone Marrow Transplantation Donor Information Service.

B.P.L. Moore, MD, DSc, FRCP(c), FRCPath, was honored with the Morten Grove-Rasmussen Memorial Award for his international educational and service contributions to immunohematology and transfusion medicine. The Ivor Dunsford Memorial Award was presented to Margaret Tracy for her skills as a teacher and writer in immunohematology.

Harvey J. Alter, MD, the 1987 Emily Cooley Award recipient and lecturer, was honored for his work in reducing the risks of transfusion.

The 1987 Outstanding Administrator was Page D. Sanchez, MHS, MT(ASCP)SBB, recognized for her work in the AABB's Administrative Section and for helping to make the administrative aspects of blood banking a priority.

Margaret Helgeson, MS, MT(ASCP)SBB, was the recipient of the 1987 Distinguished Service Award for her support of Specialist in Blood Bank Technology programs.

Presidential Awards for outstanding support of blood banking nationwide were given to The Dow Chemical Company and E.I. DuPont de Nemours and Company. Awards of Merit for support on the local level were presented to The Dallas Morning News, Mary LaMarca of Plano, Texas, The Orlando Naval Training Center, the Public Service Company of New Mexico, the University of Florida Greeks, and WCIE-FM and WJIS-FM, Sarasota, FL.

Fenwal Scholarships were presented to the following students who wrote award-winning essys: Ellen M. Areman, MLT(ASCP)SBB, Bethesda, MD; Neil E. Bangs, Farmington, CT; Cecily Kodis, MT(ASCP)SBB, Bethesda, MD; Elizabeth J. Rathbun, MT(ASCP)SBB, Bethesda, MD; and Karen Ann Stantial, Atlanta, GA.

Certification

The AABB is actively involved in encouraging and providing the means for the education of new blood bank professionals. To do so, it offers certification through its Blood Bank Technologist (BB) and Specialist in Blood Banking (SBB) designations. In 1987, 413 SBBs and 169 SBBs were certified.

The Accreditation Committee provides on-going accreditation and site surveys of SBB programs. A workshop was held at the AABB Annual Meeting for site surveyors. In 1987, there were 40 accredited SBB programs.

Accreditation

Major changes took place in the AABB's Inspection and Accreditation Program this year. Long-time chairman Robert Klein, MD, stepped down and his position was taken over by Randi Rosvoll, MD. Inspectors workshops were conducted simultaneously at 10 sites across the US for AABB's 600 volunteer inspectors on October 17-18, 1987. More than 100 facilities were inspected during 1987, with approximately 850 pending inspection. Accreditation equivalency programs are maintained with eight states, the U.S. military and Humana, Inc.

Forty-eight laboratories performing parentage testing have been accredited by the AABB under its Parentage Testing Accreditation Program. These labs perform more than half of all the testing performed in the United States. A reaccreditation of all laboratories certified since the program began in 1984 was begun this year.

In 1987, the Histocompatibility Committee provided inspectors for AABB HLA inspections, made recommendations for changes in the histocompatibility testing portion of the Inspection Report Form and participated in the workshop for inspectors.

Standards

The 12th edition of *Standards for Blood Banks and Transfusion Services* was published in 1987, edited by Paul V. Holland, MD, and the Standards Committee. Major changes included the addition of informed consent, donor qualifications, reducing the risk of HIV and non-A, non-B hepatitis transmission by tranfusions.

Policies

Guidelines for surrogate testing for non-A, non-B hepatitis were revised and mailed to members during 1987. In addition, the Transfusion Transmitted Diseases Committee (TTD) discussed the possibility that some recipients of pituitary-derived growth hormone may be infectious for Creuzfeldt-Jakob Disease. A standard was adopted that persons receiving this hormone should not donate blood. The TTD Committee debated a number of topics during the year, including testing for HTLV-I, stricter donor histories and look-back issues as well as precautions for health care workers against infectious agents.

On March 16, the AABB sent to its members a statement in support of Centers for Disease Control recommendations for selected HIV antibody testing of transfusion recipients from 1977-1985.

The AABB Board of Directors issued a policy encouraging donation of one s own blood (autologous donation) for transfusion when the health of the door /patient permits and when there is an elective, surgical indication. It emphasized that blood banks choosing to offer long-term storage should make the donor aware of the initial and overall costs, the likelihood of needing those units and the limitations on the availability of the donated blood.

The directed donations policy, originally issued in 1983, was revised to reiterate the AABB's opposition to allowing patients to select their own donors. It added that if such donations are permitted in response to local demands, they must meet all AABB standards for the protection of blood safety.

National Bone Marrow Donor Registry

Funded by the Office of Naval Research, the AABB participated in the founding of the first National Bone Marrow Donor Registry, along with the Red Cross and Council of Community Blood Centers. Many AABB blood centers are participating by providing lists of HLA-typed donors. The Registry's headquarters are located in the St. Paul Red Cross. The AABB's seat on the Board of Directors is filled by Herbert Perkins, MD.

In addition, the AABB operates an information services to providing information to registries and physicians seeking access to lists of HLA typed donors.

Technical Manual

Under the leadership of Richard Walker, MD, the Technical Manual Committee began work on the 10th edition of the *Technical Manual*, scheduled for publication in 1989. It is expected to include chapters on biosafety, transfusion—transmitted viruses and transplantation.

Educational Activities

Annual Meeting

The AABB's largest educational event each year is its Annual Meeting. In 1987, this event took place in Orlando, Florida, November 7-12. Attending were nearly 7000 individuals. It was the second largest meeting in AABB history, with 10 percent of the attendees coming from abroad. Planning for the meeting and its various sessions was carried out by numerious AABB committees and volunteers.

Nearly 4000 persons attended two pre-meeting days of workshops featuring 22 technical and scientific sessions covering such topics as contemporary transfusion practice, scientific/ethical dilemas, tissue banking, transfusion practice, scientific/ethical dilemmas, tissue banking, transfussion-transmitted viruses, environmental safety and blood group systems.

Administrative programs included sessions on directed donation programs, assertiveness training, demographics, inventory management, personal computers, crisis management and customer relations.

The Annual Seminar featured the topic "Transfusion Transmitted Viral Diseases."

The largest exhibit ever held included 152 companies and 360 booths to interest crowds of blood bankers. Exhibit companies sponsored an unprecedented number of social activities and educational events as well.

A total of 182 scientific papers and posters were presented. About 382 abstracts had been submitted and reviewed by 90 volunteers and six members of the Selection of Scientific Abstracts Committee. There were 90 administrative papers and posters.

Fifteen forums were held representing special interests within the field of blood banking and transfusion medicine, such as those for donor recruiters, inventory manager, public relations specialists, donor room personnel, technical directors, nurses, hospital chief technologists, international attendees, SBB faculty or those interested in parentage testing or personal computers.

Six research and progress (RAP) sessions drew heavy crowds, as did the National Affairs Symposium, sponsored by the Administrative and Scientific Sections, which discussed "AIDS, The Public and Blood Banking." The popular "Ask the Experts" session featured the members of the Standards, Technical Manual, and Inspection and Accreditation committees, as well as experts on a variety of other subjects.

National Conferences

Nearly 150 donor recruitment and public relations practitioners attended the February, 1987, conference on "Assuring a Safer Blood Supply: Its Impact on Donor Recruitment and Public Relations," held in Arlington, Virginia. The two-day conference featured speakers on issues such as testing, legal concerns, crisis management, donor counseling and recruitment. This conference was sponsored by the Donor Recruitment and Public Relations Subcommittee of the Administrative Section Coordinating Committee.

"Blood Bank Risk Management" was held in Chicago in September, attracting over 200 persons to discuss factors that may give rise to liability and ways to minimize exposure to risk. Attorneys, insurance specialists, CEOs and other shared experience and advice on how to better manage risk. This conference was sponsored by the Administrative Section.

Publications

The AABB publications produced in 1987 encompassed a variety of topics and formats. Major reference works published included: *Standards for Blood Banks and Transfusion Services*, 12th edition; *Physician's Handbook*, second edition; and the *Accreditation Requirements Manual*, second edition. The administrative titles issued were: the *Administrative Manual*, volume two, the *1987 Directory of Community Blood Centers; Competition in Blood Services*, and *Fundamentals of Blood Bank Workload Recording*. In addition, 11 new books on a number of topics were published to accompany Annual Meeting Workshops.

Teleconferences

Several successful teleconferences were held in 1987. Nearly 1000 people participated in a July, 1987, conference on changes to the 12th edition of *Standards for Blood Banks and Transfusion Services*. A February teleconference examined Transfusion Transmitted Diseases with over 600 attendees. Slides and tapes from the teleconferences are available for purchase.

Regional Workshops

Under the direction of the Regional Education Committee, four regional workshops were presented in 1987. In addition, three pre-packaged workshops were completed and made available for regional presentation.

National Autologous Blood Resource Center

The National Autologous Blood Resource Center (NABRC) was established in 1987 within the AABB by its Autologous Committee to promote the use of autologous blood and assist physicians, hospitals and blood centers in establishing and using autologous blood programs. It produced a poster, informational and educational brochures and a bibliography. The program was announced in a press conference in May advising potential patients to talk to their physicians about donating their own blood for elective surgery.

Transfusion Medicine Education

With the publication in 1987 of the "Blood Component Administration: A Guide for Nurses" flip chart and "Computerized Clinical Case Studies on Transfusion Therapy," the AABB Transfusion Medicine Self-Assessment Program, created by the Component Therapy Committee, was completed. The Committee also revised the *Physician's Handbook*.

The Transfusion Practices Committee published its article "Transfusion Therapy in Emergency Medicine" in the *Annals of Emergency Medicine* in early 1988, and assisted the American Society of Anesthesiology in preparation of a pamphlet on "Questions and Answers About Transfusion Practices." Results of a survey of 40 hospitals to assess the extent of transfusion audit practices were presented at the Mid-Atlantic and Pennsylvania Associations of Blood Banks joint meeting.

The Committee on Molecular and Cellular Biotechnology created a speaker's bureau for the use of local and regional organizations.

The Pediatric Hemotherapy Committee published an article on "Practical Aspects of Blood Irradiation" in *Laboratory Medicine*. Some data from an analysis of pediatric hemotherapy practice by AABB members were presented at the AABB Annual Meeting.

Research Activities

The AABB Foundation

The American Association of Blood Banks Foundation is an AABB program committed to advancing the science and practice of blood banking and transfusion medicine by providing funds for research.

In 1987, the Foundation made outstanding progress in all areas—research, development and policy—and in doing so, achieved its greatest growth.

Development

The Foundation's Development Committee has implemented the first phase of a major funding program from corporations by instituting the Council on Research and Development (CORD). CORD comprised of Abbott Laboratories, Baxter Healthcare Corporation, Cutter Biological, Div. of Miles Inc., E.I. DuPont de Nemours and Company, Inc., Haemonetics Corp., and Ortho Diagnostic Systems, each of which have pledged $100,000 as a two-year commitment. These funds will be available in part for funding major research projects. It is anticipated that a minimum or six additional corporations will join the CORD by mid-1989.

The Corporate Associates Program, which represents corporations providing funds of less than $50,000 annually, was introduced at the 1987 Annual Meeting in Orlando, Florida. The Terumo Corporation hosted a reception for all the corporate exhibitors prior to the opening of the exhibits, at which the program was introduced.

Additional corporate support was demonstrated by the E.I. DuPont de Nemours and Company, Inc. It sponsored a special evening at Sea World in Orlando for the benefit of the Foundation and raised in excess of $20,000.

The continued financial growth of the Foundation will be shown in these programs as well as in the introduction of funding programs for the membership, both individual and institutional. It is also seeking to identify corporations outside the blood banking industry willing to financially assist the Foundation.

Studies Funded by the Foundation

In 1987, the Foundation received 43 requests for applications, which resulted in 19 completed applications for grants. Following the review process, the Board of Trustees approved the following grants for funding in 1987:

- "Immunoregulatory Activity of Human Bone Marrow Mononuclear Cells" Lauralynn Lebeck, MT(ASCP)SBB, [$9,400]
- "Mechanism of Action of Platelet Aggregating Factor in TTP: Implication for Gamma Globulin Therapy" Jerome L. Gottschall, MD, [$7000]
- "New Assessments of Anti-Erythrocyte Autoantibody Heterogeneity in Immune Hemolytic States" Chester Andrzejewski, MD, PhD, [$10,000]

For 1988, the Board of Trustees approved an increase in the grant limit from $10,000 to $30,000 and the maximum grant period has been increased to not more than two years.

Additionally, the grants awarded by the Foundation in 1986 have produced positive results.

Edward L. Snyder, MD, associate professor of laboratory medicine at Yale University, received a grant for his project entitled "Analysis of Changes in Platelet Proteins During Storage." A paper resulting from that study was published in the July-August, 1987, issue of *Transfusion*. A second paper is now being prepared from this research.

John B. Lowe, MD, currently assistant professor of pathology at the University of Michigan Medical School, received a grant for his proposal, "The Molecular Biology of the Human A Blood Group Glycosyltransferases." The Foundation's support was mentioned in a presentation before the American Society for Cell Biology on portions of this research. A complete manuscript describing this work will be ready early next year. In addition, Lowe has advised the Trustees that as a result of his experiments conducted with the Foundation's support, he has been awarded additional support from the Howard Hughes Medical Institute Research Laboratories at the University of Michigan Medical Center.

Edward J. Victoria, PhD, associate research biochemist at the University of California, San Diego, was awarded funds for a study entitled "Transmembrane Skeletal Associations of the Rh Antigens." Manuscripts for two publications resulting from this study are in preparation.

Questionnaire

The Association conducts research on blood banking and blood transfusion practices by asking its members to complete an annual questionnaire. The data from this questionnaire is published each year in this Annual Report (see page 23).

For many years, data from the questionnaires has been managed by the Memorial Blood Center of Minneapolis. Gradually, this function will be transferred to the National Office to facilitate interaction with other data bases and the federal government.

The AABB has cooperated with the Center for Blood Research, Boston, MA, in its federal grant to study trends in blood transfusion by providing data from its large base of transfusing facilities. This is merely one step in the efforts of the Association to develop a leadership role in obtaining relevant data and explaining its importance to the medical, scientific and lay publics.

Federal Funding for Research

The Scientific Section Coordinating Committee reviewed suggestions for research that might be funded by the National Heart, Lung and Blood Institute, and forwarded those suggestions to the agency.

Information Activities

Member Mailings

There were 16 informational mailings to AABB Institutional members in 1987. The topics included policies on directed donations, surrogate testing for non-A, non-B hepatitis, HIV antibody testing of transfusion recipients, the National Autologous Blood Resource Center, donor testing for HTLV-1 and HIV-2, protective gear for blood bank personnel, and donor deferral for recipients of human growth hormone.

Newsletters

The weekly newsletter, *Blood Bank Week*, now has over 1200 subscribers in the US and worldwide. The monthly newsletter, *News Briefs*, continued to grow, resulting in a need to change format by 1988 to include more information. Advertising increased by about 20 percent, helping to finance the format change.

In addition to the above newsletters, quarterly publications are produced for the Scientific Section, the Administrative Section, donor recruitment and public relations professonals, the inspectors in the Inspection and Accreditation Program, and SBB program directors.

Media Relations

Two press conferences were held during 1987. The first, held in February, released results of the second Public Opinion Poll and provided health writers with background information on transfusion medicine issues. A second conference announced the initiation of the National Autologous Blood Resource Center. The AABB was mentioned thousands of times in news media nationwide. Stories were included in important media outlets such as *Consumer Reports, The New York Times, The Washington Post, US News and World Report* and *Women's Day*.

Public Education Efforts

A second public opinion poll was conducted with Hamilton and Staff to follow-up on public attitudes toward blood donation and AIDS. The first poll was conducted in December 1985. The second poll was conducted in December, 1986, and publicized in early 1987. It revealed that while fear of contracting AIDS from blood donations had decreased from 34 to 27 percent, fear of contracting AIDS from transfusions increased.

A video news release was produced to help answer questions and calm fears about the risk of blood transfusions. It was used by nine TV stations nationwide. In addition, an editorial explaining the risks of transfusion was picked up by numerous newspapers and magazines. A videotape on the risks of blood transfusion, "Blood Transfusion Risks and Benefits" was produced and made available for purchase by AABB members.

Anniversary Activities

The 40th Anniversary of the AABB was celebrated at its Annual Meeting with a special display of 40 years of AABB books, photos, programs and periodicals, as well as the photos of all award winners and presidents. A slide show of pictures from past meetings was shown in the exhibit hall, and a special brunch was held for the Founders.

A videotape was produced about the past 50 years of blood banking and the AABB's contributions, with a special thank you to volunteer donors. A committee of AABB's most active long-time members, led by President Elect Paul J. Schmidt, MD, planned the celebrations.

Celebrating AABB's 40th Anniversary at a Founder's Brunch in Orlando in November, 1987, were these five who attended the original Blood Bank Institute in 1947: (l to r) Tibor J. Greenwalt, MD; L. Ruth Guy, PhD; Jack Smythe; Bernice M. Hemphill; E. Eric Muirhead, MD.

Legislative and Regulatory Activities

State Activity

National Office staff, assisted by members in many states, monitored significant legislation and regulation by the states. There was a great deal of activity in 1987, with several states passing bills on blood related issues. Testimony was provided by the AABB on blood-related legislation in Maryland (blood shield law) and New York (directed donations).

Federal Activity

The Association announced its support of the concept of Federal pre-emption, that is, that federal law should take precedence over state or local laws or ordinances. In addition, the AABB supported the enactment of House Bill 911, the Volunteer Services Protection Act.

A number of candidates were proposed for openings on the Food and Drug Administration's Blood and Blood Products Advisory Committee, which provides input to the regulatory agency for blood collection and transfusion.

OSHA

The AABB commented on and monitored efforts by the Occupational Safety and Health Administration (OSHA) to issue new recommendations on the protection of health care workers from infection by human immunodeficiency virus and hepatitis B.

Legal Activity

The AABB filed friend-of-the-court briefs in a number of transfusion-associated AIDS lawsuits during 1987. Supporting member blood centers and hospitals, the briefs addressed the issues of negligence, implied warranty and confidentiality. A legal clearinghouse was established to collect information on on-going and new lawsuits and to provide information about such activity to members.

National Blood Resources Education Program

The AABB is pleased to be one of the co-sponsors of a program funded by the National Heart, Lung and Blood Institute (NHLBI), beginning in 1987. At the suggestion of the blood banking organizations, the NHLBI will fund a five year program to educate the public about the safety of blood donation and transfusion and about autologous transfusion, and will educate physicians about good transfusion practices. The AABB is represented on the program's Coordinating Committee by Edwin A. Steane, PhD.

Service Activities

National Blood Exchange

The National Blood Exchange, which facilities the exchange of blood and credits for blood between participating blood centers and hospitals in the United States, developed and distributed new brochures to market its services in 1987. It also developed a new information card for distribution to blood donors. In addition, an inventory management workshop was held at the Annual Meeting. Fees for patient replacement blood were raised from $30 to $35, based on monitoring of blood fees nationwide. There were 380,381 transactions through the NBE in 1987.

Rare Donor File

During 1987, the Rare Donor File received a total of 107 calls requesting blood for immunized patients. These calls, plus many others made directly between participating members, resulted in 440 units of rare and fully phenotyped blood being supplied. The year-end inventory showed that member institutions have over 1000 rare donors registered on their files and that more than 1800 units of blood from those donors are available in the frozen state. In addition, some 15,000 fully phenotyped donors are known; their blood can be provided for patients who form multiple antibodies.

The Rare Donor File Committee has organized another exchange program so that those centers wishing to screen for additional rare donors were able to obtain appropriate antibodies from other centers.

Reference Laboratories

The second joint meeting of reference laboratory technologists was sponsored by the AABB and the American Red Cross on April 10-13, 1987, in Airlie, VA. In addition, three new reference laboratories were accepted this year: Strong Memorial Hospital, University of Rochester Medical Center, Rochester, NY; Rhode Island Blood Center, Providence, RI; Sylvan N. Goldman Center, Oklahoma Blood Institute, Oklahoma City, OK. There are 50 AABB-accredited reference laboratories.

Parentage Specimen Program

In this proficency program for laboratories performing parentage testing, quarterly unknown blood samples were provided to 142 participating laboratories. The samples also serve as a source of rare variants for red cell enzyme/serum protein systems.

Risk Retention Group

The Administrative Section began work in 1987 on the establishment of a risk retention group to provide professional liability insurance for blood centers.

Group Purchasing

Twenty-two new contracts were awarded for products in 1987 by the AABB Group Purchasing Program. There are over 200 institutions participating. The Administrative Section Coordinating Committee is responsible for the monitoring and negotiation of contracts.

Donor Recruitment

The AABB sponsors several programs related to the encouragement of blood donors. National Volunteer Blood Donor Month was celebrated in January, 1987, with the theme "It's Safe, It's Simple, It Saves Lives" on posters and in a TV public service announcement. Ten gallon donor plaques were awarded to 600 donors across the US who have donated 10 or more gallons and were nominated by their blood collection establishment. The Corporate Honor Roll recognized 136 donor groups for outstanding participation in 1987, as nominated by their blood collectors.

Photo courtesy of Western Star Business Systems, Inc. and the Ochsner Medical Foundation Blood Bank

1986-1987 Board of Directors

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Director, Pacific District

Alfred J. Grindon, MD
Scientific Section
Representative

Jane Mackey
Administrative Section
Representative

1986–1987 Committee Members

ADMINISTRATIVE COUNCIL

Association Questionnaires Committee

Purpose: To assure that an appropriate annual questionnaire is submitted to and completed by institutional members of the Association, and that questionnaire information deemed appropriate by the Board is made available to the membership. To assure that any additional questionnaires submitted to the membership are appropriate.
Toby L. Simon, MD, chairman
Patricia Devine, MD
Margaret Hanson, MT(ASCP)SBB
Eugene E. Roberts, MT(ASCP)SBB
Page D. Sanchez, MHS, MT(ASCP)SBB
Consultant: Herbert E. Polesky, MD

Awards Committee

Purpose: To make recommendations to the AABB Board regarding certain named awards.
The members of this committee are anonymous.

Blood Bank Workload Recording Committee

Purpose: To develop and maintain a current, comprehensive library of workload recording values for blood banks and transfusion services and to define a workload recording system that will be compatible with the College of American Pathologists' system.
Harold S. Kaplan, MD, chairman
William E. Kline, MS, MT(ASCP)SBB
Mark S. Lifshitz, MD
Louisa Y. Ni
Dennis Raettig, MT(ASCP)SBB
H. Neal Smith, Jr., BB(ASCP)
Sally G. Swenson, MT(ASCP)SBB
Liaison: Robert S. Cox, Jr., MD, PhD, College of American Pathologists

National Blood Exchange Committee

Purpose: To make policy for the National Blood Exchange and provide assistance to the National Office to insure effective and responsible service to National Blood Exchange participants.
William E. Bristow, MT(ASCP), chairman
Michael C. Couch
Harvey P. Einhorn, MD
Jane Mackey
Jayne M. Myers
Sharon C. Perkins
Joseph G. Ridley
Irene E. Roeckel, MD
Roger K. Svoboda, MS, MT(ASCP)SBB
Ronald G. Wilkins
Liaisons: James B. Hubbard, American Blood Commission
Hayle B. Randolph, MT(ASCP), Council of Community Blood Centers

Nursing and Donor Room Personnel Committee

Purpose: To foster the involvement of nursing and donor room personnel in the AABB and to provide expertise concerning the responsibilities of nursing and donor room personnel in allied sciences that pertain to blood banking.
Danna Sorenson, RN, chairman
Martha N. Braddock, RN
Dallas Forshew, RN
Dennis G. Hendren, MT(ASCP)SBB
Joan Jensen
Christina A. Kasprisin, MS, RN
Eudora R. McMillan, RN
Janet Pavel
Mary Rzasa, RN

Publications Committee

Purpose: To determine the need and suitability of proposed publications and also serve to smooth the publication of approved manuscripts.
Stephanie Summers, MEd, MT(ASCP)SBB, chairman
Frances S. Chizeck
Steven R. Pierce, SBB(ASCP)
Joel Umlas, MD

Rare Donor File Committee

Purpose: To maintain a file of donors with rare blood.
Peter D. Issitt, PhD, FIMLS, FIBiol, MRCPath, chairman
Jacquelyn Fredrick, MT(ASCP)SBB
Charles E. Huggins, MD
Delores M. Mallory, MT(ASCP)SBB
Judy A. Tessel, MT(ASCP)SBB
Ex-Officio Members: John Moulds, MT(ASCP)SBB
Kathleen J. Skradski, MT(ASCP)SBB

Reference Laboratories Committee

Purpose: To develop and maintain criteria for accrediting laboratories to which blood banking problems can be referred for consultation.
John Moulds, MT(ASCP)SSB, chairman
Virginia Hare, MT(ASCP)SBB
Linda Issitt, MT(ASCP)SBB
Delores M. Mallory, MT(ASCP)SBB
Judy R. Norcia, MT(ASCP)SBB
Ethel Patten, MD
Deborah L. Weiland, MS, MT(ASCP)SBB
Susan Wilkinson, MT(ASCP)SBB
Ex-Officio Member: Peter D. Issitt, PhD, FIMLS, FIBiol, MRCPath

Transfusion Practices Committee

Purpose: To develop guidelines on transfusion practice for hospital transfusion services.
Paul D. Mintz, MD, chairman
Marilyn F.M. Johnston, MD
Harvey G. Klein, MD
Margot S. Kruskall, MD
Jacqueline D. Miller, MD
Roanne C. Rutman, RN
Concepcion T. Samia, MT(ASCP)SBB
Leslie E. Silberstein, MD
Liaison: Linda C. Stehling, MD, American Society of Anesthesiologists

Ad hoc Elections Committee

Purpose: To ensure that elections at the Annual Business Meeting are conducted in accordance with Association policies.
Edwin F. Smith, chairman
Donald T. Dougherty
Paul Ness, MD
Jack Smythe
Walter T. Watts, MT(ASCP)
Naomi L.C. Luban, MD

50/40 Committee

Purpose: To formulate a plan which recognizes the 40th Anniversary of the AABB and the 50th Anniversary of blood banking.
Paul J. Schmidt, MD, chairman
Tibor J. Greenwalt, MD
L. Ruth Guy, PhD
Bernice M. Hemphill
Aaron M. Josephson, MD
Joel M. Solomon, PhD

Accreditation of SBB Schools Committee

Purpose: To serve as a joint review board in collaboration with CAHEA for the accreditation of educational programs for Specialists in Blood Bank Technology.
Louise J. Keating, MD, chairman
Teresa D. Anderson, MT(ASCP)SBB
Andrea J. Casper, MT(ASCP)SBB
Melanie S. Kennedy, MD
Pamela J. Troyer, MT(ASCP)SBB
Joberta Wells, MT(ASCP)SBB
Laura Lee Woods, MT(ASCP)SBB

Certification Committee (SBB/BB)

Purpose: To serve as an AABB/BoR Committee for BoR examinations in blood banking. To serve as an advisory groups to the AABB Board of Directors on all matters pertaining to certification of blood bank technologists.
Janice H. Parrish, MEd, MT(ASCP), chairman
Peggy J. Brown, PhD, MT(ASCP)SBB
Susan F. South, MT(ASCP)SBB
David E. Jenkins, Jr., MD
Paul Ness, MD
Virginia Vengelen-Tyler, MBA, MT(ASCP)SBB
Board of Registry Appointees:
Susan Wilkinson, MT(ASCP)SBB
Stephanie Summers, MEd, MT(ASCP)SBB
Board of Registry Representative:
Fay Weirich, MT(ASCP)SBB

Education Committee

Purpose: To coordinate the programmatic educational activities of the Association and to serve as a means of communication between the Association members active in the field of education. To provide specific information on educational topics as requested.
C.R. Macpherson, MD, chairman
Patricia A. Beckford, MT(ASCP)SBB
Katherine B. Carlson, MT(ASCP)SBB
Estre Culotta, MHS, MT(ASCP)SBB
Richard J. Davey, MD
Richard S. Eisenstaedt, MD
Patricia L. Prewitt, MT(ASCP)SBB
Janet Kay Wilson, MT(ASCP)SBB
Liaisons:
Louise J. Keating, MD, Accreditation of SBB Schools Committee
Janice H. Parrish, MEd, MT(ASCP), Certification Committee
Fay Weirich, MT(ASCP)SBB, Board of Registry, ASCP
Joberta Wells, MT(ASCP)SBB, Committee on Allied Health Education and Accreditation, American Medical Association.

Inspection and Accreditation Committee

Purpose: To implement the Association's Inspection and Accreditation Program throughout the world.
Randi V. Rosvoll, MD, chairman
Francis S. Jones, MD, vice chairman
Leonard I. Boral, MD, vice chairman
Samuel J. Insalaco, MD, vice chairman
Area Chairmen:
J. Robert Beck, MD
Richard E. Bettigole, MD
Leslie Ray Bryant, Jr., MD
Joseph H. Cooper, MD
Ronald O. Gilcher, MD, FACP
John Griep, MD
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Kandhasamy Jagathambal, MD
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Jerry Kolins, MD
Ramon N. Kranwinkel, MD
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Donald C. McKee, MD
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Margie B. Peschel, MD
Irene E. Roeckel, MD
Robert B. Schultz, MD
Ira A. Shulman, MD
Mabel M. Stevenson, MD
Harry L. Taylor, MD
Edward Tueller, MD
Margaret Wald, MD
Consultant: Margaret E. Wallace, MHS, MT(ASCP)SBB
Liaisons:
Kenneth J. Fawcett, MD, Histocompatibility Testing Committee
Paul V. Holland, MD, Standards Committee
Richard H. Walker, MD, Technical Manual Committee
P. Ann Hoppe, MT(ASCP)SBB, Office of Biologics, Food & Drug Administration
Hans J. Peters, MD, College of American Pathologists
Cmdr. Gerald C. Baker, MSC, USN, Department of Defense
Stanley Edinger, PhD, Health Care Financing Administration

Regional Education Committee

Purpose: To develop a comprehensive continuing education program which can be implemented on a regional basis.
Melanie Kennedy, MD, chairman
James P. Aubuchon, MD
Suzanne H. Butch, MT(ASCP)SBB
Trudell S. Green, MT(ASCP)SBB
K.R. Gregory, MT(ASCP)SBB
JoAnn M. Moulds, MS, MT(ASCP)SBB

Self-Testing and Review Committee

Purpose: To implement proficiency survey programs for blood banking professionals.
Margaret Hanson, MT(ASCP)SBB, chairman
Christine Barrasso, MT(ASCP)SBB
Paul W. Holley, MD
Carol J. Schmoll, MT(ASCP)SBB
Joycelyn Schowalter, MEd
Leslie E. Silberstein, MD
Donald Bennett, MT(ASCP)

Standards Committee

Purpose: To develop and biannually publish minimal standards for relevant aspects of blood bank practices.
Paul V. Holland, MD, chairman
Leonard I. Boral, MD
John Case, FIMLS
George Garratty, PhD, FIMLS, MRCPath
Dennis Goldfinger, MD
Harold S. Kaplan, MD
Klaus Mayer, MD
John D. Milam, MD
Margie B. Peschel, MD
Susan M. Steane, MS, MT(ASCP)SBB
Richard H. Walker, MD
Margaret E. Wallace, MHS, MT(ASCP)SBB
Charles H. Wallas, MD
Frances K. Widmann, MD
Linda C. Winn, MA, MT(ASCP)SBB
Liaisons:
Randi V. Rosvoll, MD, Inspection and Accreditation Committee
Kenneth J. Fawcett, MD, Histocompatibility Testing Committee
Richard H. Walker, MD, Technical Manual Committee
S. Gerald Sandler, MD, American Red Cross
P. Ann Hoppe, MT(ASCP)SBB, Office of Biologics, FDA
Hans J. Peters, MD, College of American Pathologists
LTC Anthony J. Polk, Department of Defense

Technical Manual Committee

Purpose: To prepare a Technical Manual that will provide practical guidance concerning methods and techniques that implement the Standards.
Richard H. Walker, MD, chairman
W. John Judd, FIMLS, MIBiol
Paul Ness, MD
Herbert F. Polesky, MD
Susan D. Rolih, MS, MT(ASCP)SBB
Edward L. Snyder, MD
Virginia Vengelen-Tyler, MBA, MT(ASCP)SBB
Liaisons:
P. Ann Hoppe, MT(ASCP)SBB, Office of Biologics, FDA
Major Michael G. Ward, USAF, BSc, Department of Defense

Technical/Scientific Workshops Committee

Purpose: To provide overall planning and coordination of the Association's technical workshops.
Dennis M. Smith, Jr., MD, chairman
Michael Baldwin, MT(ASCP)SBB
Katherine B. Carlson, MT(ASCP)SBB
Morris R. Dixon, MT(ASCP)SBB
Ronnie J. Garner, MD
Frances L. Gibbs, MT(ASCP)SBB
Sam J. Insalaco, MD
Christina A. Kasprisin, MS, RN
Jerry Kolins, MD
Judith S. Levitt, MT(ASCP)SBB
Leo J. McCarthy, MD
Jay E. Menitove, MD
JoAnn M. Moulds, MS, MT(ASCP)SBB
Steven R. Pierce, SBB(ASCP)
Alice W. Reynolds-Barr, SBB(ASCP)
Stephanie Summers, MEd, MT(ASCP)SBB
Phyllis Unger, MT(ASCP)SBB
Margaret E. Wallace, MHS, MT(ASCP)SBB
Robert G. Westphal, MD
Liaison:
C.R. Macpherson, MD, Education Committee

Ad Hoc Committee to Review the Circular of Information

Purpose: To review the Circular of Information and make changes when appropriate. This activity should be coordinated with the ARC, CCBC and FDA.
Herbert F. Polesky, MD, chairman
Paul V. Holland, MD
Paul D. Mintz, MD
Edward L. Snyder, MD

ORGANIZATIONAL COUNCIL

Annual Meeting Seminar Committee

Purpose: To plan and organize the Annual Meeting Seminar.
S. Breanndan Moore, MD, chairman
Barbara McKeever, MS, MT(ASCP)SBB
Sandra Nance, MT(ASCP)SBB
Mark A. Popovsky, MD
Marion Reid, FIMLS
Marjory Stroup, MT(ASCP)SBB
Liaison:
Gail A. Rock, MD, PhD, Scientific Programs Committee

Bylaws Committee

Purpose: To examine proposed Bylaws changes to assure that they conform to the current needs and direction of the Association.
Glenn S. Hooper, MD, chairman
Robert E. Albee, II
E. Shannon Cooper, MD
Richard S. Kolecki, MD

Ethics Committee

Purpose: To offer peer review concerning issues related to the ethics of blood banking practice.
Betty Lou Marnette, MT(ASCP)SBB
Dale R. Malloy, DPA, MT(ASCP)SBB
Ernesto M. Obregon, MA, MT(ASCP)SBB
John A. Shively, MD
Jack Smythe

Exhibits Committee

Purpose: To provide, through exhibits at the Annual Meeting, information on tests, materials, and devices designed to serve the needs of donors and patients; to offer a forum in which commercial organizations can present available items; to provide a forum for educational exhibits; and to ensure that exhibitors conform to the policies of the Health Care Exhibitors Association.
Kathleen O. Chadwick, MT(ASCP)SBB, chairman
Frances S. Chizeck
Lawrence L. Moore

Finance Committee

Purpose: To advise the Board concerning AABB fiscal policies and status.
Michael C. Couch, chairman
Carol A. Bell, MD
William M. Coenen
Bobby A. Grigsby, CPA
Glenn S. Hooper, MD
Ex-Officio Member:
Donald D. Doddridge
Consultant:
James E. Way

International Relations Committee

Purpose: To foster the AABB's relationships with foreign blood banking associations and to encourage friendships between individual American and foreign members.
Erlo Roth, MD, chairman
Chantal Harrison, MD
Angelyn A. Konugres, PhD
German F. Leparc, MD
Benjamin Lichtiger, MD
Takashi Okuno, MD
Roanne C. Rutman, RN
Cees Smit-Sibinga, MD, Phd
Consultant:
Michael H.K. Irwin, MD

Membership Committee

Purpose: To advise the Board regarding membership recruitments and applications.
Col. Gary B. Clark, MD, USA MC, chairman
Raegene King, RN
Mary A. Myers, MT(ASCP)SBB
Hayle B. Randolph, MT(ASCP)
Judi A. Sherwin, MT(ASCP)SBB
Margaret E. Wallace, MHS, MT(ASCP)SBB

Scientific Program Committee

Purpose: To plan meaningful scientific communications and lectures for the Annual Meeting.
Gail A. Rock, MD, PhD, chairman
Emanuel Hackel, PhD
Parviz Lalezari, MD
Jay E. Menitove, MD
Ronald G. Strauss, MD
Joel Umlas, MD
Liaisons:
S. Breanndan Moore, MD, Annual Meeting Seminar Committee
Herbert F. Polesky, MD, Selection of Abstracts Committee

Selection of Abstracts Committee

Purpose: To conduct the process of evaluation and selection of technical/scientific abstracts for presentation at the Annual Meeting.
Herbert F. Polesky, MD, chairman
Armand B. Glassman, MD
Thomas A. Lane, MD
Lawrence D. Petz, MD
Fred V. Plapp, MD, PhD
Mary Ann Tourault, MT(ASCP)SBB
Liaison:
Gail A. Rock, MD, PhD, Scientific Program Committee

Ad Hoc Annual Meeting Advisory Committee

Purpose: To serve as an advisory forum to the Director of Meeting Services on the coordination of various programs presented at the Annual Meeting.
Eugene M. Berkman, MD, chairman
Kathleen O. Chadwick, MT(ASCP)SBB
S. Breanndan Moore, MD
Herbert F. Polesky, MD
Gail A. Rock, MD, PhD
Paul J. Schmidt, MD
Judi A. Sherwin, MT(ASCP)SBB
Dennis M. Smith, Jr., MD
Barbara Zimmerman, MT(ASCP)SBB

Ad Hoc Committee to Plan and Coordinate 1990 Annual Meeting

Purpose: To plan and coordinate with the Department of Meeting Services a meeting with the International Society of Blood Transfusion (ISBT) to be held in 1990 in Los Angeles, California.
Eugene M. Berkman, MD, chairman
Kathleen O. Chadwick, MT(ASCP)SBB
S. Breanndan Moore, MD
Herbert F. Polesky, MD
Gail A. Rock, MD, PhD
Judi A. Sherwin, MT(ASCP)SBB
Dennis M. Smith, Jr., MD
Barbara Zimmerman, MT(ASCP)SBB

SCIENTIFIC COUNCIL

Autologous Transfusion Committee

Purpose: To provide expertise concerning preoperative and intraoperative autologous transfusion practices. To recommend appropriate performance standards, and to provide education concerning their uses.
Robert L. Thurer, MD, chairman
Steven H. Kleinman, MD
Gordon E. Lang, MD
Roland E. Lonser, MD
Mark A. Popovsky, MD
Henry M. Steady, MD
Linda C. Stehling, MD
David H. Yawn, MD

Component Therapy Committee

Purpose: To promote the appropriate transfusion of blood components and to provide education concerning their preparation, use, and effectiveness.
Edward L. Snyder, MD, chairman
Elizabeth V. McVan, RN
Gary Moroff, PhD
Patricia T. Pisciotto, MD
Stanley C. Roberts, SBB(ASCP)
Toby L. Simon, MD
Linda C. Stehling, MD
Consultant: Leslie Dalton, MD

Hemapheresis Committee

Purpose: To serve as a source of expertise for AABB programs that relate to cytapheresis, plasmapheresis, and therapeutic apheresis.
Edwin G. Taft, MD, chairman
Freydoon Athari, MD
Diane Ferguson, MT(ASCP)SBB
Jerome Gottschall, MD
Duke O. Kasprisin, MD
Harvey G. Klein, MD
Christine A. Pinnetti, RN
Ronald G. Strauss, MD

Histocompatibility Testing Committee

Purpose: To serve as a source of expertise concerning organ transplantation and tissue typing.
Kenneth J. Fawcett, MD, chairman
Nancy Jo Peterson, MT(ASCP)SBB
Shirley Jo Qualia, MT(ASCP)SBB
Irene J. Sniecinski, MD
Gary Troup, MD
Liaisons:
Marilyn S. Pollack, PhD, American Society of Histocompatibility and Immunogenetics
Richard H. Walker, MD, College of American Pathologists

Long-Term Organ Storage Committee

Purpose: To provide guidance in the area of tissue banking for institutional members who wish to develop such programs.
Margaret J. Ball, MD, chairman
James W. Funkhouser, MD
Nancy Glanino
Barbara Gorgone, MT(ASCP)SBB
Grace M. Neitzer, MT(ASCP)SBB
Del Steckler, RN
Consultant: Harold G. Moore
Liaison: Kenneth J. Fawcett, MD, Histocompatibility Testing Committee

Molecular and Cellular Biotechnology Committee

Purpose: To serve as a resource committee for the Board to ensure that new technology is reviewed and evaluated and to suggest appropriate active roles for the Association in disseminating information about new technology to the profession, and the proper timing for implementation in transfusion services and blood centers. To continually monitor research and commercial efforts to ensure that all relevant approaches are scrutinized.
Larry C. Lasky, MD, chairman
Emanuel Hackel, PhD
Joanna M. Heal, MD
Jay Brooks Jackson, MD
Serafeim P. Masouredis, MD, PhD

Parentage Testing Committee

Purpose: To provide a source of expertise in matters related to parentage testing.
Myrna I. Traver, MD, chairman
Margaret A. Brooks
Leslie Ray Bryant, Jr., MD
Dale D. Dykes
Henry Gershowitz, PhD
Jerome L. Gottschall, MD
Mark D. Kolins, MD
Jeffrey W. Morris, MD
Beverly A. Fohl, MT(ASCP)SBB
Emily G. Reisner, PhD
Herbert Silver, MD
Liaisons:
Michael E. Barber, American Bar Association
Marilyn S. Pollack, PhD, American Society of Histocompatibility and Immunogenetics

Pediatric Hemotherapy Committee

Purpose: To foster a knowledge and understanding of blood transfusion therapy in neonates and children.
Ronald A. Sacher, MD, chairman
Asa Barnes, MD
Suzanne H. Butch, MT(ASCP)SBB
Sherwin V. Kevy, MD
Naomi L.C. Luban, MD
Ann McMican, MT(ASCP)SBB
Kenneth A. Starling, MD
Ronald G. Strauss, MD
Liaison: Alvin M. Mauer, MD, American Academy of Pediatrics

Transfusion Transmitted Diseases Committee

Purpose: To provide consultation, as needed, on all facets of transfusion-related diseases and related laboratory tests.
Joseph R. Bove, MD, chairman
Harvey J. Alter, MD
Alfred J. Grindon, MD
Paul V. Holland, MD
Jay E. Menitove, MD
Harold A. Oberman, MD
Consultants:
James Shorey, MD
Richard Wasserman, MD
F. Blaine Hollinger, MD
Liaisons:
S. Gerald Sandler, MD, American Red Cross
Merlin Sayers, MD, PhD, Council of Community Blood Centers

ADMINISTRATIVE SECTION COORDINATING COMMITTEE

Purpose: To enhance the professionalism associated with blood banking administration and to provide a voice on the AABB Board of Directors, through an elected representative. To conduct studies and administrative programs, and provide services that further the best interests of the Association.
Jane Mackey, chairman
Julie Beck, MBA, MT(ASCP)SBB, vice chairman
John Drury, secretary
Northeast District:
Judi A. Sherwin, MT(ASCP)SBB
Robert Travis, MT(ASCP)SBB
Joseph Yelo
Barbara Zimmerman, MT(ASCP)SBB
Southeast District:
Dan H. Curtis, MT(ASCP)SBB
Dale Malloy, DPA, MT(ASCP)SBB
Sharon Warday
Ronald G. Wilkins
North Central District:
William M. Coenen
Suzanne Hall
Norman Krueckeberg
Earl Walz
South Central District:
Julie A. Beck, MT(ASCP)SBB
John Drury
Ronnie J. Garner, MD
Annie-Laurie Samuels
Pacific District:
Tony Anthonisen
Jean Coach
H.J. Olmstead, BBA
Roger K. Svoboda, MS, MT(ASCP)SBB
Representative from SSCC: W. John Judd, FIMLS, MIBiol

SCIENTIFIC SECTION COORDINATING COMMITTEE

Purpose: To represent the interests of individual members of the AABB who are concerned about the scientific and technical aspects of blood banking, and to advise the Board on matters relevant to the scientific-technical activities of the Association.
Alfred J. Grindon, MD, chairman
W. John Judd, FIMLS, MIBiol, vice chairman
Cynthia Murray, MT(ASCP)SBB, secretary
Judith Hoschner, MD
Jerry Kolins, MD
Naomi L.C. Luban, MD
Delores M. Mallory, MT(ASCP)SBB
Paul Ness, MD
Susan D. Rolih, MS, MT(ASCP)SBB
Leslie E. Silberstein, MD
Edward L. Snyder, MD
Majory Stroup, MT(ASCP)SBB
W. Michael Tregellas, MT(ASCP)SBB
Frances K. Widmann, MD
Linda C. Winn, MA, MT(ASCP)SBB
Representative from ASCC: Julie A. Beck, MT(ASCP)SBB

DISTRICT ADVISORY GROUP

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James N. Cooper
Joyce Elaine Davis
R. Ben Dawson, MD
Kenneth Edwards
Suzanne Gaynor
Avrum H. Golub, MD
Barbara Gorgone
Robert Kalish, MD
Ramon Kranwinkel, MD
Dorothy C. Malamut, MT(ASCP)SBB
H.L. Taylor, MD
Robert G. Westphal, MD
Ronald Yankee, MD
Southeast District:
Kaye S. Acton MT(ASCP)SBB
Edward O. Carr, MT(ASCP)SBB
James R. Cundall
Dan H. Curtis, MT(ASCP)SBB
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Data Report

The data shown on the following pages were summarized from the 1987 AABB Institutional Membership questionnaire, reflecting membership activity during 1986. The questionnaire was returned by 2013 of the 2350 Institutional Members.

The following categories are used:

Type A—Blood center collecting donors and distributing blood and components to other facilities.

Type B—Hospital blood bank which draws more than 100 donors per year.

Type C—Hospital transfusion service which draws fewer than 100 donors per year.

Donation Data

Total Number of Reported Units Drawn
1986 6,996,130 (581 facilities)
1985 7,222,840 (663 facilities)

Percent of change -3.1%

Total Number of Donations (Drawn and Deferred)

1986 7,724,682
Percent deferred 9.4%

1985 7,945,509
Percent deferred 9.1%

Number of Units and Donations Drawn or Deferred and Facility Percentages

Type A Facilities (Regional Blood Centers)	1986	1985
Number of Facilities Reporting	111	108
Number of Units Drawn	6,043,610	6,205,060
Percent of Total Units Drawn	86.4	85.9
Units Not Used, As Percent of Total Drawn	1.6	1.8
Number of Donations Deferred	602,970	584,929
Total Units Drawn & Donations Deferred	6,646,580	6,789,989
Donations Deferred, As Percent of Total Drawn and Deferred	9.1	8.6

Type B Facilities (Hospital Blood Banks)	1986	1985
Number of Facilities Reporting	379	436
Number of Units Drawn	947,861	1,013,340
Percent of Total Units Drawn	13.5	14.0
Units Not Used, As Percent of Total Drawn	3.1	2.7
Number of Donations Deferred	124,346	136,306
Total Units Drawn & Donations Deferred	1,072,207	1,149,646
Donations Deferred, As Percent of Total Drawn and Deferred	11.6	11.9

Type C Facilities (Transfusion Services)	1986	1985
Number of Facilities Reporting	91	119
Number of Units Drawn	4,658	4,437
Percent of Total Units Drawn	0.1	0.1
Units Not Used, As Percent of Total Drawn	8.2	1.6
Number of Donations Deferred	1,237	1,434
Total Units Drawn & Donations Deferred	5,895	5,871
Donations Deferred, As Percent of Total Drawn and Deferred	21.1	24.4

Transfusion Data

Total Units Transfused

1986	14,081,484	(2013 facilities reporting)
1985	14,522,503	(2063 facilities reporting)

Percent of Change -3.0%

Total Number of Facilities Reporting

	Type A	Type B	Type C	Total
1986	106	389	1518	2013
1985	106	439	1609	2154

Transfusion By Facility Type

	Type A		Type B		Type C	
	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting
1986	5.6	15	20.9	389	70.9	1518
1985	1.7	15	33.3	439	65.0	1609

Procedures Performed in 1986

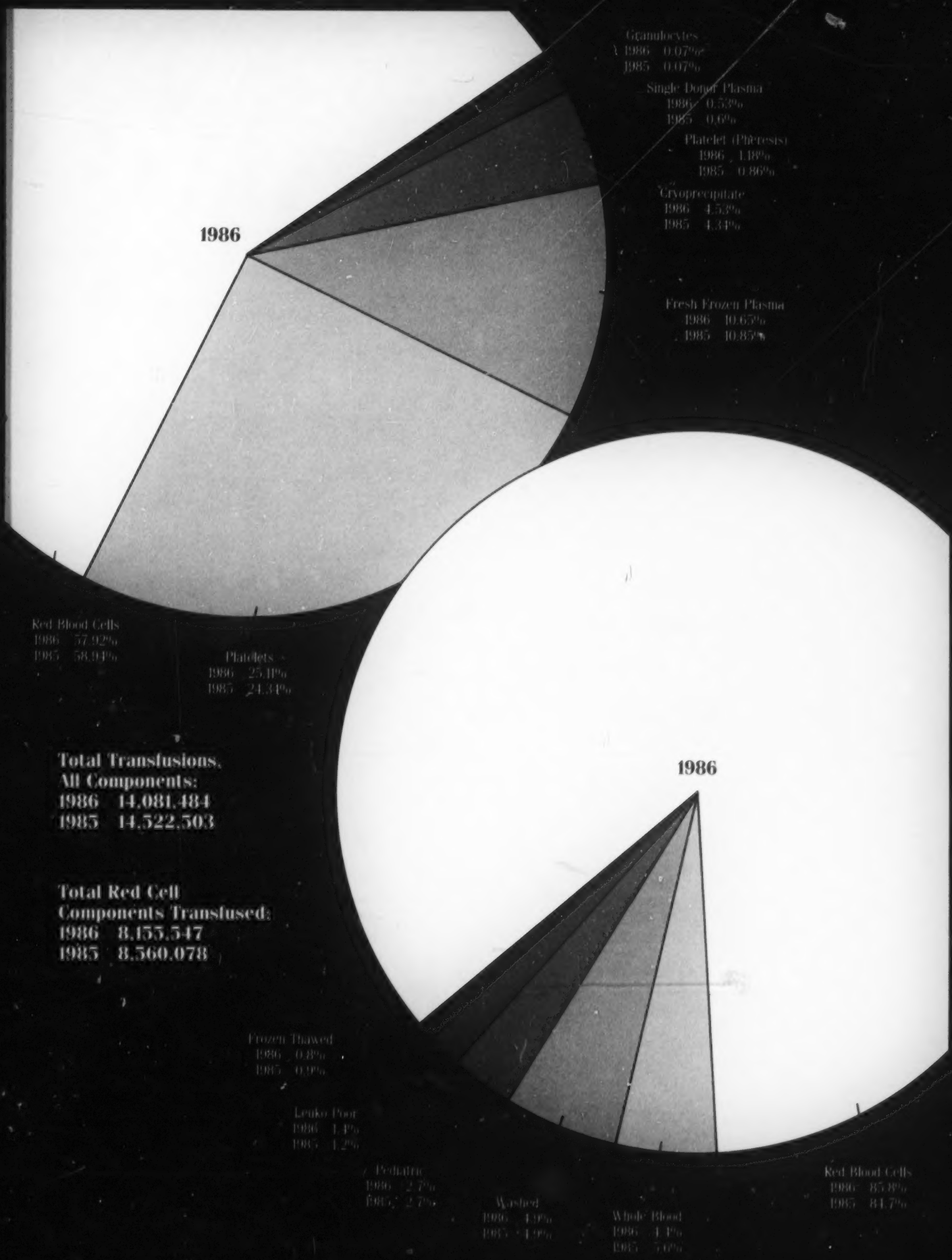
	A	B	C	Total	% Change from 1985
Autologous Units	58,807	50,107	15,540	124,454	+54.7
Autologous Patients	20,491	18,445	9,378	48,314	+90.9
Intraoperative Salvage Patients	3,423	11,542	13,592	28,557	+15.6
Directed Units	38,072	34,227	585	72,884	+49.4
Therapeutic Phlebotomy	10,857	23,296	18,506	52,659	− 2.0
Plasmapheresis	7,515	4,346	98	11,959	− 8.4
Plateletpheresis	36,552	42,875	1,520	80,947	+ 3.1
Leukapheresis	2,299	2,787	147	5,233	−42.2
Therapeutic Apheresis	14,925	15,865	4,680	35,470	− 9.6

Total Crossmatches, Crossmatch to Transfusion Ratio and Percentage of Total Crossmatches by Facility Type

	Total Crossmatches	Crossmatch to Transfusion Ratio	Percent of Crossmatches by Facility
1986	15,786,600	1.8	A= 3.2 B=33.0 C=63.8
1985	17,410,831	1.9	A= 3.5 B=32.8 C=63.7

Estimated Outdated and Discarded Red Blood Cell Containing Component Units

	1986	1985
Total Units Transfused	8,155,547	8,560,078
Units Outdated	443,435	403,477
Total Units Available	8,598,982	8,963,555
% outdated	5.1	4.5



Total Transfusions, All Components:
1986 14,081,484
1985 14,522,503

Total Red Cell Components Transfused:
1986 8,155,547
1985 8,560,078

American Association of Blood Banks Financial Statements for the Year Ended September 30, 1987 with Audit Report of Certified Public Accountants

Treasurer's Report

The financial statements of the American Association of Blood Banks for the year 1987 are presented on the following pages. The records of the Association have been audited by Frank & Company, P.C., certified public accountants.

The results for the year were in accord with the long range plan and the Association remains in a sound fiscal position.

Donald D. Doddridge
Treasurer

Auditors' Report

We have examined the combined balance sheet of the American Association of Blood Banks as of September 30, 1987 and the related combined statements of revenues, expenses and changes in operating fund balance and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of the American Association of Blood Banks combined at September 30, 1987, and the results of its operations and the changes in its financial position for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year after giving retroactive effect to the change, with which we concur, in the method of recognizing revenue from sustaining memberships as described in Note 9 to the financial statements.

Our examination was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of combined functional expenses for the year ended September 30, 1987, is presented for the purposes of additional information and is not a required part of the basic financial statements. Such information has been subjected to auditing procedures applied in the examination of the basic financial statements, and in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Frank & Company, P.C.
1360 Beverly Road
Suite 300
McLean, Virginia 22101
December 31, 1987

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED BALANCE SHEET
SEPTEMBER 30, 1987

Assets	Association	AABB Foundation	Combined
Current assets:			
Cash (Note 4)	$ 852,440	$ —	$ 852,440
Time deposits and savings accounts	1,340,180	728,929	2,069,109
Accounts receivable,	101,777	—	101,777
National Blood Exchange receivables, net of allowance for doubtful accounts of $11,103 (Note 3)	1,211,245	—	1,211,245
Inventories of publications and promotional materials net of valuation reserve of $43,904	257,085	—	257,085
Prepaid expenses and other	15,275	—	15,275
Total current assets	3,778,002	728,929	4,506,931
Property and equipment:			
Equipment and office furniture	465,524	—	465,524
Leasehold improvements	33,294	—	33,294
Capitalized leased equipment (Note 5)	48,974	—	48,974
	547,792	—	547,792
Less accumulated depreciation and amortization	(228,603)	—	(228,603)
Net property and equipment	319,189	—	319,189
	$4,097,191	**$728,929**	**$4,826,120**

Liabilities and Capital

Current liabilities:			
Current portion of capitalized lease obligations (Note 5)	$ 10,120	$ —	$ 10,120
Accounts payable and accrued expenses	311,662	—	311,662
Payable to co-sponsor of program (Note 6)	122,741	—	122,741
National Blood Exchange accounts payable	702,217	—	702,217
Deferred income (Note 6):			
Membership dues and other	313,060	—	313,060
Annual meeting	596,163	—	596,163
Viral Hepatitis Marker Survey Program	122,740	—	122,740
Blood Bank Week	34,972	—	34,972
Star Subscription Program	4,998	—	4,998
Parentage Specimen Program	6,557	—	6,557
Total current liabilities	2,225,230	—	2,225,230
Long-term portion of capitalized lease obligations (Note 5)	28,913	—	28,913
Total liabilities	2,254,143	—	2,254,143
Commitments (Note 5)			
Capital funds:			
Operating fund:	1,786,908	—	1,786,908
Undesignated			
Designated AABB Foundation (Note 1)	—	728,929	728,929
Donated capital	56,140	—	56,140
Total capital funds	1,843,048	728,929	2,571,977
Total	**$4,097,191**	**$728,929**	**$4,826,120**

(See accompanying notes to financial statements.)

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF REVENUE AND EXPENSES AND CHANGES IN OPERATING FUND BALANCE FOR THE YEAR ENDED SEPTEMBER 30, 1987

	Association	AABB Foundation	Combined
Revenue:			
Membership dues	$1,300,196	$ —	$1,300,196
Publication, promotional and other material sales	754,808	—	754,808
Annual meeting	898,146	—	898,146
National Blood Exchange transaction fees	425,135	—	425,135
Interest income	126,793	42,321	169,114
Technical programs	567,802	—	567,802
Miscellaneous	63,595	—	63,595
Donations	—	7,356	7,356
	4,136,475	49,677	4,186,152
Expenses:			
Member services, including communications and public relations	1,109,221	—	1,109,221
Cost of publication, promotional and other material sales	535,092	—	535,092
Meeting services	152,254	—	152,254
Scientific and education	473,250	—	473,250
Executive management	268,336	—	268,336
General administration	656,427	38,737	695,164
National Blood Exchange	301,042	—	301,042
Annual meeting	597,374	—	597,374
Grant awards	—	23,392	23,392
	4,092,996	62,129	4,155,125
Excess of revenue over (expenses)	43,479	(12,452)	31,027
Operating fund, beginning of year, as previously reported	1,816,661	641,381	2,458,042
Change in accounting principle (Note 9)	26,768	—	26,768
Operating fund, beginning of year, as restated	1,843,429	641,318	2,484,810
Contribution of Capital	(100,000)	100,000	—
Operating fund, end of year	**$1,786,908**	**$728,929**	**$2,515,837**

(See accompanying notes to financial statements.)

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED SEPTEMBER 30, 1987

Sources of funds:	
Excess of revenue over expenses	$ 31,027
Add items, not requiring funds—	
Depreciation and amortization	54,358
Funds provided by operations	85,385
Increase in:	
Deferred income	218,103
Accounts payable and accrued expenses	88,553
Payable to co-sponsor of program	37,224
Decrease in:	
Inventories	39,219
	468,484
Uses of funds:	
Purchases of property and equipment	160,627
Reduction in capitalized lease obligations	8,142
Increase in:	
Accounts receivable	39,218
Net National Blood Exchange receivables and payables	150,623
Other current assets	10,661
	369,271
Increase in funds	99,213
Cash, time deposits, and savings accounts, beginning of year	2,822,336
Cash, time deposits, and savings accounts, end of year	**$2,921,549**

(See accompanying notes to financial statements.)

AMERICAN ASSOCIATION OF BLOOD BANKS
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED SEPTEMBER 30, 1987

1. Organization

The American Association of Blood Banks (the Association) is a non-profit membership organization of operating blood banks and other blood bankers. The general purposes of the Association are to develop and recommend standards regulating the practice of blood banking; to sponsor and support programs for the testing of blood to promote public health; to maintain the National Blood Exchange; and to conduct numerous programs for communication and education among members and the public.

The AABB Foundation is a designation of the Association's operating funds established by the Board of Directors. Interest earned on the original funds designated is to be utilized for research grants in the blood banking field.

Photo courtesy of the Southwest Florida Blood Bank

2. Summary of significant accounting policies

Basis of Presentation—The accompanying financial statements present the combined operations of the American Association of Blood Banks and the AABB Foundation.

Revenue Recognition—Membership dues from individuals and institutions are payable in advance on a calendar year basis. Membership dues are recognized as revenue over the period to which the dues relate. Revenue earned on the viral hepatitis survey programs is recognized on a deferred basis until the conclusion of each annual survey. Subscriptions to *Blood Bank Week* are recorded as deferred income and recognized ratably throughout the fiscal year based upon subscription anniversary dates.

Photo courtesy of the Southwest Florida Blood Bank

Annual Meeting Revenue and Expenses—Revenues and expenses related to the Association's annual meeting are recognized in the year to which they apply.

Receivables—The Association provides an allowance for doubtful receivables equal to the estimated losses that will be incurred in collection of the receivables. The estimated losses are based on historical collection experience coupled with a review of the current status of existing receivables.

Inventories—Inventories consisting of publications and promotional materials are stated at the lower of cost or market, cost determined on a first-in, first-out basis. Inventory is reported net of a valuation reserve to reflect any possible reduction in inventory value due to obsolescence or excess quantities.

Depreciation—Depreciation of property and equipment is determined on the straight-line basis over estimated useful lives as follows:

	Term
Office furniture and equipment	5 to 10 years
Leasehold improvements	lesser of lease term or useful life
Capitalized leased equipment	lesser of lease term or useful life

Depreciation expense charged to operations was $54,436.

3. National Blood Exchange

Operations—The National Blood Exchange operates as a clearinghouse for the shipping and receiving of blood units by participating blood banks. Processing and service fees are charged to receiving blood banks for each unit of blood received by them and are paid through the National Blood Exchange to the shipping blood banks.

4. Restriction on cash

The Association is required to maintain a compensating cash balance in the amount of $100,000 at all times for its sweep cash account.

5. Lease commitments

At September 30, 1987, the Association is obligated under noncancelable leases for equipment and office space which expire in various years through 1987. A portion of the leased office space is sublet under a noncancelable lease through 1987 for annual rental income of $3,000.

The Association leased a telephone system and an automobile under capital leases expiring in various years through 1991. The assets under capital leases are recorded at the lower of the present value of the minimum lease payments or the fair value of the asset, aggregating $48,974. The assets are depreciated over the lesser of their related lease terms or their estimated productive lives.

As of September 30, 1987 minimum future rental payments for operating leases and capitalized leases for each of the next five years and in total are:

Year ended September 30,	Capitalized leases	Operating leases
1988	$13,174	$ 225,076
1989	$13,174	$ 220,883
1990	$12,542	$ 220,883
1991	$ 7,627	$ 220,883
1992	-0-	$ 128,848
1993	-0-	-0-
Total minimum future rental payments	46,517	$1,016,573
Less: amount representing interest	8,266	
Present value of future lease payments	$38,251	

Total rental expense for office and equipment was approximately $194,410 for the year ended September 30, 1987.

6. Deferred income

Membership dues—Deferred membership dues represent 1987 membership dues allowable to the period October 1987 through December 1987.

Annual meeting—Deferred annual meeting income represents the net receipts over expenditures relating the fall.

Viral hepatitis marker survey program—The Association co-sponsors and operates annual viral hepatitis marker surveys with the College of American Pathologists. At the conclusion of an annual survey, the co-sponsor receives 50% of the net survey proceeds plus estimated interest earned on short term investments with the cash received by the Association from survey participants.

The Association recognized revenue from these surveys for the year ended September 30, 1987 as follows:

	1987 Survey	1986-1987 Survey
Deferred income, September 30, 1987	$ —	$ 85,517
Additional billings and interest	293,395	16,816
Adjustment to amount due to co-sponsor		47,695
Less:		
Survey expenses	(47,914)	(122,531)
Payments and increases in amounts due to co-sponsor	(122,741)	
Net income to Association	—	$ (27,497)
Deferred income, September 30, 1987	$122,740	$ —

7. Pension plan

The Association has a defined contribution pension plan covering substantially all full-time employees. The Association's annual contribution, as defined in the plan, is based on certain percentages of the participants' compensation for the preceding plan year. Benefits related to employer contributions begin vesting after two years of service, and become fully vested at nine years. Employees may make annual voluntary contributions to the plan of up to $2,000 plus 10% of their annual compensation as of the last day of the plan year. Pension expense was $42,115 for the year ended September 30, 1987.

8. Income tax status

The Association is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code.

9. Change in accounting principle

Beginning January 1, 1987, the Association began recognizing revenue from sustaining dues in the year which they were received to conform to AICPA SOP No. 78-10 "Accounting Principles and Reporting Practices for Certain Nonprofit Organizations." It is the opinion of the Association's management that the change in method of recognizing the revenue will more accurately reflect sustaining dues revenue.

Photo courtesy of the Southwest Florida Blood Bank

1986-1987 Sustaining Members

The following institutions and individuals were AABB Sustaining Members and contributors in 1987. Sustaining membership indicates support of the principles, programs and objectives of the AABB. Funds enable Association activities not otherwise possible.

Individual Sustaining Members

Looiscsed Abebe, MD
New York, NY

Richard M. Abts, MD
Claremont, CA

Andrew I. Adler, AB, BJ
East Orange, NJ

Fereydoun A. Ala, MD
Birmingham, England

Robert E. Albee, II
Tampa, FL

Alexander P. Albert, MD
Port Elizabeth, South Africa

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Peter Aliferis, MD
Alpena, MI

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Hato Rey, PR

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Sassenage, France

Hitoshi Anri
Tokyo, Japan

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Richmond, VA

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Sylmar, CA

Carlo Artaz, MD
Aosta, Italy

Moises Attias, MD
Caracas, Venezuela

Jean-Pierre Aufeuvre, MD
Poissy, France

Dott G. Avanzi
Firenze, Italy

Wellington K. Ayensu, FIMLS
Minneapolis, MN

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Chevy Chase, MD

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Burlington, NC

William L. Bayer, MD
Kansas City, MD

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St. Clair Shores, MI

Hugh L. Bennett
Belize City, Belize, Central America

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Wilson, NC

Val Bergert
Orlando, FL

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Patricia C. Berry
Morrow, GA

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Angers, France

Birute O. Biskis, MD
Berwyn, IL

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Knoxville, TN

Emily A. Blanda, MT (ASCP)
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B. Bobji, MD
Tamil Nadu, India

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Clinton, IA

Ina Bosma-Stants, MD
Utrecht, The Netherlands

Herbert S. Bowman, MD
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Terrace Park, OH

Photo courtesy of the Southwest Florida Blood Bank

Institutional Sustaining Members

Albert Einstein Medical Center, Philadelphia, PA

Alexander Blain Memorial Hospital, Detroit, MI

Alfred I. Dupont Institute, Wilmington, DE

Allegheny General Hospital, Pittsburgh, PA

Alton Ochsner Medical Foundation, New Orleans, LA

American Red Cross Blood Services, Norfolk, VA

American Red Cross Blood Services, Flint, MI

American Red Cross Blood Services, Saint Louis, MO

American Red Cross Blood Services, San Juan, PR

American Red Cross Blood Services, Miami, FL

Anna Kaseman Hospital, Albuquerque, NM

Anne Arundel General Hospital, Annapolis, MD

Arizona Medical Center, Tucson, AZ

Arlington Hospital, Arlington, VA

Associated Pathologist Labs, Las Vegas, NV

Augustana Hospital and Health Care Center, Chicago, IL

Baltimore Rh Typing Labortory, Inc., Baltimore, MD

Banco De Sangre De Servicios Mutos, Inc., Hato Rey, PR

Baptist Medical Center—Montclair, Birmingham, AL

Baptist Regional Medical Center, Corbin, KY

Baraga County Memorial Hospital, L'Anse, MI

Bassett Army Community Hospital, Fort Wainwright, AK

Baystate Medical Center, Springfield, MA

Beth Israel Medical Center, New York, NY

Beverly Hospital, Montebello, CA

Bi-County Community Hospital, Warren, MI

Blanchard Valley Hospital, Findaly, OH

Blood Bank of San Bernardino-Riverside Counties, San Bernardino, CA

Blood Bank of Hawaii, Honolulu, HI

Blood Bank of the Alameda-Contra Costa, Oakland, CA

Bluefield Community Hospital, Bluefield, WV

Bogalusa Community Medical Center, Bogalusa, LA

Bon Secours Hospital, Grosse Pointe, MI

Boulder Community Hospital, Boulder, CO

Brazosport Memorial Hospital, Lake Jackson, TX

Bridgeton Hospital, Bridgeton, NJ

The Brigham & Women's Hospital, Boston, MA

Brooke Army Medical Center, Fort Sam Houston, TX

Bryn Mawr Hospital, Bryn Mawr, PA

Butterworth Hospital, Grand Rapids, MI

Cabrini Medical Center-Columbus Hospital, New York, NY

Capitol Hill Hospital, Washington, DC

Cardinal Cushing General Hospital, Brockton, MA

Carraway Methodist Medical Center, Birmingham, AL

Cedars-Sinai Medical Center, Los Angeles, CA

Central Florida Blood Bank, Inc., Orlando, FL

Central Jersey Blood Bank, Red Bank, NJ

Central Kentucky Blood Center, Lexington, KY

Central Texas Regional Blood Center, Austin, TX

Champaign County Blood Bank, Urbana, IL

Charlotte Hungerford Hospital, Torrington, CT

Charlotte Memorial Hospital, Charlotte, NC

Chester County Hospital, Chester, SC

The Children's Hospital and Center, Baltimore, MD

Children's Hospital of Philadelphia, Philadelphia, PA

Cleveland Memorial Hospital, Shelby, NC

Columbia Hospital, Columbia, PA

Comanche County Memorial Hospital, Lawton, OK

Community Blood Center of Greater Kansas City, Kansas City, MO

Community Blood Center of Louisiana, Inc., Baton Rouge, LA

Community Hospital, Munster, IN

Community Hospital of Monterey Peninsula, Monterey, CA

Community Memorial Hospital, Cloquet, MN

Cook-Fort Worth Children's Medical Center, Fort Worth, TX

D.C. General Hospital, Washington, DC

Davis Memorial Hospital, Elkins, WV

Deaconess Hospital, Saint Louis, MO

Deaconess Hospital, Evansville, IN

Decatur General Hospital, Decatur, AL

Detroit Receiving Hospital, Detroit, MI

Diagnostic Lab Services, Inc., Honolulu HI

Doctors Hospital, Columbus, OH

Doctors Hospital, New York, NY

Doctors Hospital of Hollywood, Hollywood, FL

Capital Medical Laboratory Blood Bank, Lanham, MD

Duke University Medical Center, Durham, NC

Durham County General Hospital, Durham, NC

Fairfax Hospital, Falls Church, VA

Fayette County Memorial Hospital, Washington Ct Hs, OH

Fishermen's Hospital Laboratory, Marathon, FL

Flint Osteopathic Hospital, Maywood, IL

Foster G. McGaw Hospital, Maywood, IL

Francis Scott Key Medical Center, Baltimore, MD

Frankford Hospital, Philadelphia, PA

Frederick C. Smith Clinic, Marion, OH

Fremont Medical Center, Yuba City, CA

Genesee Hospital, Rochester, NY

Georgetown University Hospital, Washington, DC

The Gettysburg Hospital, Gettysburg, PA

Glendale Adventist Medical Center, Glendale, CA

Good Samaritan Hospital of Pottsville, Pottsville, PA

Good Samaritan Hospital, San Jose, CA

Greater Baltimore Medical Center, Baltimore, MD

Greenville Hospital, Greenville, PA

Hahnemann University Hospital, Philadelphia, PA

Hardee Memorial Hospital, Wauchula, FL

Harlem Hospital Center, New York, NY

Harper-Grace Hospitals, Detroit, MI

Harrisburg Hospital, Harrisburg, PA

Harrison Memorial Hospital, Cynthiana, KY

Hazelton State General Hospital, Hazelton, PA

Hendry General Hospital, Clewiston, FL

Highland Hospital of Rochester, Rochester, NY

Highland General Hospital, Oakland, CA

Highlands General Hospital, Sebring, FL

Hinsdale Sanitarium and Hospital, Hinsdale, IL

Holston Valley Hospital and Medical Center, Kingsport, TN

Holy Cross Hospital, Chicago, IL

Holyoke Hospital, Holyoke, MA

Holzer Medical Center, Gallipolis, OH

Hospital for Special Surgery, New York, NY

Houchin Community Blood Bank, Bakersfield, CA

Howard University Hospital, Washington, DC

Humana Hospital Huntsville, Huntsville, AL

Humana Hospital Bennett, Plantation, FL

Hunt Memorial Hospital, Danvers, MA

Hunter Blood Center, Inc., Clearwater, FL

Hutcheson Medical Center, Fort Oglethorpe, GA

Hutzel Hospital, Detroit, MI

Hyde Park Community Hospital, Chicago, IL

Imperial Point Hospital, Fort Lauderdale, FL

Irwin Army Hospital, Fort Riley, KS

Irwin Memorial Blood Bank, San Francisco, CA

James A. Haley Veterans Hospital, Tampa, FL

Jane Phillips Episcopal Memorial Medical Center, Bartlesville, OK

Jennie Edmunson Memorial Hospital, Council Bluffs, IA

Jersey Shore Medical Center, Neptune, NJ

Kaiser Foundation Hospital, Oakland, CA

Kaiser Permanente Medical Care Program, Honolulu, HI

Kaweah Delta District Hospital, Visalia, CA

Kennebec Valley Medical Center, Augusta, ME

Kennestone Hospital, Marietta, GA

Kenneth Norris Jr. Cancer Hospital, Los Angeles, CA

Kent and Queen Anne's Hospital, Chestertown, MD

Kings County Hospital Center, Brooklyn, NY

King's Daughters' Hospital, Ashland, KY

L.B.J. Tropical Medical Center, Pago Pago, AS

Laboratory Service of Central General Hospital, Plainview, NY

Lake Charles Memorial Hospital, Lake Charles, LA

Lake City Medical Center, Lake City, FL

Lancaster Fairfield Community Hospital, Lancaster, OH

Lawrence Hospital, Bronxville, NY

LDS Hospital, Salt Lake City, UT

Leesburg General Hospital, Leesburg, FL

Lenox Hill Hospital, New York, NY

Lewiston Hospital, Lewiston, PA

Lloyd Noland Hospital, Fairfield, AL

Long Island College Hospital, Brooklyn, NY

Lorain County Blood Bank, Inc., Elyria, OH

Los Alamos Medical Center, Los Alamos, NM

Los Angeles County—USC Medical Center, Los Angeles, CA

Lutheran Hospital Clinical Laboratory, Moline, IL

Lutheran General Hospital, San Antonio, TX

Maimonides Medical Center, Brooklyn, NY

Malden Hospital, Malden, MA

Margaret R. Pardee Memorial Hospital, Hendersonville, NC

Maricopa Medical Center, Phoenix, AZ

Mary Greeley Memorial Hospital, Ames, IA

Mary Imogene Bassett Hospital, Cooperstown, NY

Maury County Hospital, Columbia, TN

Maxwell Blood Bank, Chicago, IL

Medical Center of Independence, Independence, MO

Medical Center Hospital, Chillicothe, OH

Medical Center of Delaware, Inc., Wilmington, DE

Medical City Dallas Hospital, Dallas, TX

Memorial Community Hospital, Jefferson City, MO

Memorial Hospital for Cancer and Allied Diseases, New York, NY

Memorial Hospital at Easton, Easton, MD

Memorial Hospital of Floyd County, New Albany, IN

Memorial Hospital Laboratory, Springfield, IL

Mercy Hospital, Wilkes Barre, PA

Mercy Medical Center, Coon Rapids, MN

Methodist Medical Center of Illinois, Peoria, IL

Methodist Hospital of Southern California, Arcadia, CA

Methodist Hospital of Sacramento, Sacramento, CA

Methodist Hospital, Brooklyn, NY

The Methodist Hospital, Houston, TX

Mid-Island Hospital, Bethpage, NY

Mobile Infirmary, Mobile, AL

Monadnock Community Hospital, Peterborough, NH

Montgomery General Hospital, Olney, MD

Mount Carmel East Hospital, Columbus, OH

Mount Desert Island Hospital, Bar Harbor, ME

Mount Sinai Medical Center, Cleveland, OH

Mountain View Hospital, Payson, UT

Muscatine General Hospital, Muscatine, IA

Nassau County Medical Center, East Meadow, NY

Natividad Medical Center, Salinas, CA

Naval Medical Command, Bethesda, MD

Nazareth Hospital, Philadelphia, PA

The New York Hospital, New York, NY

NIH Clinical Center, Bethesda, MD

North Arundel Hospital, Glen Burnie, MD

North Central Bronx Hospital, Bronx, NY

North Jersey Blood Center, East Orange, NJ

North Penn Hospital, Lansdale, PA

North Shore University Hospital, Manhasset, NY

Northern Virginia Doctors Hospital, Arlington, VA

Northside Hospital, Atlanta, GA

Northwestern Medical Center, Inc., Saint Albans, VT

Northwest Community Hospital, Arlington Hts, IL

Orlando General Hospital, Orlando, FL

Pacific Hospital of Long Beach, Long Beach, CA

Palmetto General Hospital, Hialeah, FL

Peninsula General Hospital Medical Center, Salisbury, MD

Pennsylvania Hospital, Philadelphia, PA

Phoenixville Hospital, Phoenixville, PA

Potomac Hospital, Woodbridge, VA

Pottsville Hospital and Warner Clinic, Pottsville, PA

Poudre Valley Hospital, Fort Collins, CO

Presbyterian-University of Penn Medical Center, Philadelphia, PA

Presbyterian Medical Center, Denver, CO

Presbyterian Intercommunity Hospital, Whittier, CA

Presbyterian Hospital of Pacific Medical Center, San Francisco, CA

Primary Children's Medical Center, Salt Lake City, UT

Providence Hospital, Sandusky, OH

Providence Medical Center, Portland, OR

Public Health Service Alaska Native Medical Center, Anchorage, AK

Queen of Angels Hospital, Los Angeles, CA

L.F. Quigley Soldiers Home, Chelsea, MA

Rancocas Valley Hospital, Willingboro, NJ

Randolph County Hospital, Winchester, IN

Rappahannock General Hospital, Kilmarnock, VA

Regional Memorial Hospital, Brunswick, ME

Richland Memorial Hospital, Columbia, SC

Riverview Hospital, Noblesville, IN

Rockville General Hospital, Rockville, CT

Roger Williams General Hospital, Providence, RI

Roseland Community Hospital, Chicago, IL

Rowan Memorial Hospital, Salisbury, NC

Saint Barnabas Hospital, Bronx, NY

Saint Benedict's Hospital, Ogden, UT

Saint Bernard Hospital, Chicago, IL

Saint Charles Hospital, Toledo, OH

Saint Charles General Hospital, New Orleans, LA

Saint Clare's Hospital of Schenectady, Schenectady, NY

Saint Elizabeth Hospital, Elizabeth, NJ

Saint Francis Hospital, Miami Beach, FL

Saint Francis Hospital Center, Beech Grove, IN

Saint Francis Medical Center, La Crosse, WI

Saint Francis Hospital, Blue Island, IL

Saint Frances X. Cabrini Hospital, Chicago, IL

Saint Francis Medical Center, Lynwood, CA

Saint John's Mercy Medical Center, Saint Louis, MO

Saint Joseph Hospital, Atlanta, GA

Saint Joseph Hospital, Stamford, CT

Saint Joseph's Medical Center, Yonkers, NY

Saint Joseph Intercommunity Hospital, Cheektowaga, NY

Saint Joseph Hospital and Health Care Center, Lancaster, PA

Saint Joseph's Hospital, Philadelphia, PA

Saint Joseph's Hospital, Buckhannon, WV

Saint Joseph's Hospital, Huntingburg, IN

Saint Joseph's Medical Center, Brainerd, MN

Saint Joseph Hospital, Mitchell, SD

Saint Joseph Hospital, Elgin, IL

Saint Joseph Hospital, Chicago, IL

Saint Joseph Medical Center, Wichita, KS

Saint Luke Hospital Laboratory, Pasadena, CA

Saint Lukes's-Roosevelt Hospital Center, New York, NY

Saint Luke's Hospital, Jacksonville, FL

Saint Luke's Hospital, Kansas City, MO

Saint Luke's Episcopal Hospital, Houston, TX

Saint Margaret's Hospital, Montgomery, AL

Saint Mark's Hospital, Salt Lake City, UT

Saint Mary Hospital, Langhorne, PA

Saint Mary of Nazareth Hospital Center, Chicago, IL

Saint Mary's Hospital, Huntington, WV

Saint Mary's Hospital, Grand Junction, CO

Saint Mary's Hospital and Health Center, Tucson, AZ

Saint Mary's Health Center, Jefferson City, MO

Saint Peter's Community Hospital, Helena, MT

Saint Thomas Hospital, Nashville, TN

Saint Vincent Hospital, Billings, MT

Saint Vincent Hospital, Santa Fe, NM

San Pedro Peninsula Hospital, San Pedro, CA

Sequoia Hospital, Redwood City, CA

Shadyside Hospital, Pittsburgh, PA

Sharp Memorial Hospital, San Diego, CA

Shore Memorial Hospital, Somers Point, NJ

Sibley Memorial Hospital, Washington, DC

Silas B. Hays Army Community Hospital, Fort Ord, CA

Sinai Hospital of Detroit, Detroit, MI

Sioux Valley Hospital, Sioux Falls, SD

South County Hospital, Wakefield, RI

South Florida Baptist Hospital, Plant City, FL

South Hills Health Systems, Pittsburgh, PA

South Shore Hospital and Medical Center, Miami Beach, FL

South Shore Hospital, South Weymouth, MA

Southwest Community Hospital, Atlanta, GA

Southwest Texas Methodist Hospital, San Antonio, TX

Spartanburg Blood Bank, Inc., Spartanburg, SC

Spring Branch Memorial Hospital, Houston, TX

Stanford University Blood Bank, Palo Alto, CA

Sturdy Memorial Hospital, Attleboro, MA

Suburban Hospital, Bethesda, MD

Texas Children's Hospital, Houston, TX

Theda Clark Regional Medical Center, Neenah, WI

Toledo Hospital, Toledo, OH

Union Memorial Hospital Blood Bank, Baltimore, MD

Uniontown Hospital, Uniontown, PA

Unity Hospital, Fridley, MN

University of Alabama Hospital, Birmingham, AL

University Hospital, New York, NY

University Hospital, Augusta, GA

University of Illinois Hospital, Chicago, IL

University of Michigan Hospitals, Ann Arbor, MI

University of Mississippi Medical Center, Jackson, MS

U.S. Air Force Hospital Eglin, Eglin AFB, FL

U.S. Air Force Hospital Dover, Dover, DE

U.S. Air Force Regional Hospital, Minot, ND

Veterans Administration Medical Center, Martinez, CA

Veterans Administration Medical Center, Fresno, CA

Veterans Administration Medical Center, Wichita, KS

Veterans Administration Medical Center, New York, NY

Veterans Administration Medical Center, Philadelphia, PA

Veterans Administration Medical Center, North Chicago, IL

Veterans Administration Medical Center, East Orange, NJ

Veterans Administration Medical Center, Albany, NY

Veterans Administration Medical Center, Lebanon, PA

Veterans Administration Medical Center, Tuskegee, AL

Veterans Administration Medical Center, Nashville, TN

Veterans Administration Medical Center, Shreveport, LA

Veterans Administration Medical Center, Alexandria, LA

Veterans Administration Medical Center, Cleveland, OH

Valley Children's Hospital, Fresno, CA

Valley Medical Center of Fresno, Fresno, CA

Valley Presbyterian Hospital, Van Nuys, CA

Virginia Baptist Hospital, Lynchburg, VA

Virginia Commonwealth University Hospital, Richmond, VA

Walter L. Shepeard Community Blood Center, Inc., Augusta, GA

Warren Hospital, Phillipsburg, NJ

Weirton Medical Center, Weirton, WV

West Tennessee Regional Blood Center Inc, Jackson, TN

Wheeling Hospital, Wheeling, WV

White Memorial Hospital, Los Angeles, CA

White Plains Hospital, White Plains, NY

G. N. Wilcox Memorial Hospital, Lihue, HI

William Beaumont Hospital, Royal Oak, MI

William S. Major Hospital, Shelbyville, IN

Williams N. Wishard Memorial Hospital, Indianapolis, IN

Williamsburg Community Hospital, Williamsburg, VA

Williamsport Hospital, Williamsport, PA

Wyandotte General Hospital, Wyandotte, MI

Zurbrugg Memorial Hospital, Riverside NJ

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